

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/719,695	
	Filing Date	November 21, 2003	
	First Named Inventor	Leong Ng	
	Art Unit	Not yet known	
	Examiner Name	Not yet known	
Total Number of Pages in This Submission	3	Attorney Docket Number	ISA-012.01

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Supplemental Application Data Sheet</b>
<b>Remarks</b>		<b>Customer Number : 25181</b>
Although we believe that no payment is due with this submission, the Commissioner is authorized to charge any deficiencies to our Deposit Account No. 06-1448.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Beth E. Arnold
Signature	
Date	February 11, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Shirine Darvish		
Signature		Date	February 11, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## **Supplemental Application Data Sheet**

### **Application Information**

Application Type: Regular  
Subject Matter: Utility  
Suggested Classification:  
Suggested Group Art Unit:  
CD-ROM or CD-R?: None  
Number of CD disks: N/A  
Number of copies of CDs: N/A  
Sequence submission?: N/A  
Title: Bodily Fluid Markers of Tissue Hypoxia  
Attorney Docket Number: ISA-012.01  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure: 17  
Total Drawing Sheets: 14  
Small Entity: No  
Licensed US Govt. Agency: N/A  
Contract or Grant Numbers: N/A  
Secrecy Order in Parent Appl.: N/A

### **Applicant Information**

Applicant Authority type: Inventor  
Primary Citizenship Country: United Kingdom  
Status: Full Capacity  
Given Name: Leong  
Middle Name:  
Family Name: Ng  
Name Suffix:  
City of Residence: Leicester  
State or Province of Residence:  
Country of Residence: United Kingdom

Street of mailing address: 35 Shirley Avenue  
City of mailing address: Leicester  
State or Province of mailing address:  
Country of mailing address: United Kingdom  
Postal or Zip Code of mailing address: LE2 3NB

### Correspondence Information

Correspondence Customer Number: 25181

### Representative Information

Representative Customer Number:	25181
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### Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

### Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
United Kingdom	0322390.6	24-Sept-2003	YES
United Kingdom	0227179.9	21-Nov-2002	YES